03/8/P1

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MILWAUKEE, WI 33202-3308						Carolyn Simpson	(Depositor's name)	
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						March 7, 2006	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/716,387	11/18/2003	Edgar A. Dallas				048674-0309	4418	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	. NO	\$1400			\$300	\$1700	03/09/2006	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS]		
PRONE, JASON D			3724 362-119000					
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 co Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT	Γ (print c	or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data w recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a sub					ta will appear on the patent. If an assignee is identified below, the document has been filed for substitute for filing an assignment. 03/09/2006 MAHMED2 00000053 10716387 RESIDENCE: (CITY and STATE OR COUNTRY) 01 FC:1501			
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Please check the appropriate	assignee category or catego	ries (will not be n	inted on the n	atent) ·	Individual X C	orporation or other private gr	oun entity Government	
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5. Change in Entity Status a. Applicant claims SI	(from status indicated above MALL ENTITY status. See	•			-	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
• •						ly paid issue fee to the application of the strength of the st		
Authorized Signature	11/1	fully			Date	March 720	106	

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Sean P. Connolly

56,668

Registration No.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Dallas et al.

Title:

POCKET TOOL WITH

FLASHLIGHT

Appl. No.:

10/716,387

Filing Date:

11/18/2003

Examiner:

Prone, Jason D.

Art Unit:

3724

Conf. No.:

4418

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The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Respectfully submitted,

Date

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